



## STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses

APR 2.5 2019

IIRE STATE

		for LOBBYISTS (RSA Chapter 15)		NEW HAMPSI DEPARTMENT OF
¥1110.2	PLEASE PRINT			
1. Name of Lobbyis	st(s) Richard Sigel	<u> </u>		
11. Name of lobbyis	st's partnership, firm or co	orporation, if any:		
	ton Government & Pu		, LLC	
(1)	lame of partnership, firm or cor	rporation)		
	t, P.O. Box 326	Manchester	NH	03105-0326
Business Address: (	Street)	(Town/City)	(State)	(Zip Code)
(603) 628-1489	(603)	625-5650	e-mail richard	.sigel@mclanegps.com
(Telephone	(2)	(Fax)		
Well Sense He			7	
OR	(Full Name of Client as it	appears on the Lobbyist Re	gistration Form)	
		ncluding the lobbyist's f	amily), or the lobbying	firm listed below which are
IV. Date of Report	April 24, 2019 😿		July 31, 2019 🗍	
Reports cover: ac	tivity from date of registration	to 3/3 1/19 activit	y from 4/1/19 to 6/30/19	
	October 30, 2019 🛘		January 29, 2020 🗌	
	activity from 7/1/19 to 9/30/	19 activ	ty from 10/1/19 to 12/31/	79
	en no fees received and d, complete just this form an			
VI. Cheek if addition	onal reports are attached:			
X If you have reco	ived fees or made expenditu	ires, you must file Add	endum A– Fees and Ex	penses

- ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement
- 🕱 If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

1.24.19 (Date)

Richard Sigel

(Print Name of lobbyist)

# EASE PRINT

### STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I Name of Labbridge Pichard Signi		
I. Name of Lobbyist(s) Richard Sige1		
II. Name of lobbyist's partnership, firm or corporation, if any:		
McLane Middleton Government & Public Strategies, LL (Name of parmership, firm or corporation)	<u> </u>	
III. Name of Client Well Sense Health Plan	Date 4	124/19
		,
IV. Fees Received Indicate the gross amount of all fees received from the client identified abov to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or p	oublic relations services
a) Total of all fees received in this reporting period	a) \$	24,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)		0.00
c) Total of all fees received to date (Add lines a and b)	c) \$	24,000.00
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office of individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lobeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if ex may be filed for the aggregate tot expenses; (b) the cless than \$10 that and with a value forting period of the of greater that ter than \$25, but s, expense reim	penditures are made by or the lobbyist(s)/firm al of all expenses paid a aggregate total of all assed during a business at its given to the person of \$25.00 or less); and greater than \$25.00 for an \$25, purchase of at not greater than \$50, bursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	24,000.00
<ul> <li>b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.</li> </ul>	b) S	0.00
e) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) S	24,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.00
f) Total of all expenses year to date	n s	24,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees d	luring this reporting
Paid to:	Amount:	
	s	
	\$	
	s	
	\$	
	\$	
	s	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affinistrue and complete to the best of my knowledge and belief.	m that the for	egoing information
(Signature of lobbyist)	4.20	<u>4 · 1 9</u> nte)
Richard Sigel (Print Name of lobbyist)		